

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	11/09/2020 14:26
Date Of Accident	11/09/2020 07:10
Exact Location Of Accident	UPPER SERANGOON RD TOWARDS POTONG PASIR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF111L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	1XXXXX369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PRIUS TAXI-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
<b>Insurance Company</b>	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-20095484MFSH
Cover Note Number	
<b>Driver</b>	
Name of Driver	SIM KEE MENG
NRIC No	SXXXX714H
Date Of Birth	10/04/1948
Occupation	OUTDOOR
Date Of Driving Pass	11/01/1970
Driving Experience	50 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 11  
 Postcode  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - HIRER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR  
 Weather Conditions CLEAR  
 Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles (including own vehicle) involved in the accident 2  
 Was any body injured in the Accident? YES  
 Was any injured conveyed to hospital by ambulance? NO  
 Was any other material or property damaged? NO  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name SERANGOON NORTH NEIGHBOURHOOD POLICE POST  
 Police Station Address ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-2849999 - FAX NO: 63431742  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200911/2043

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBE933H  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver KOH KEOK CHYE  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name SIM KEE MENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHF111L

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance? NO

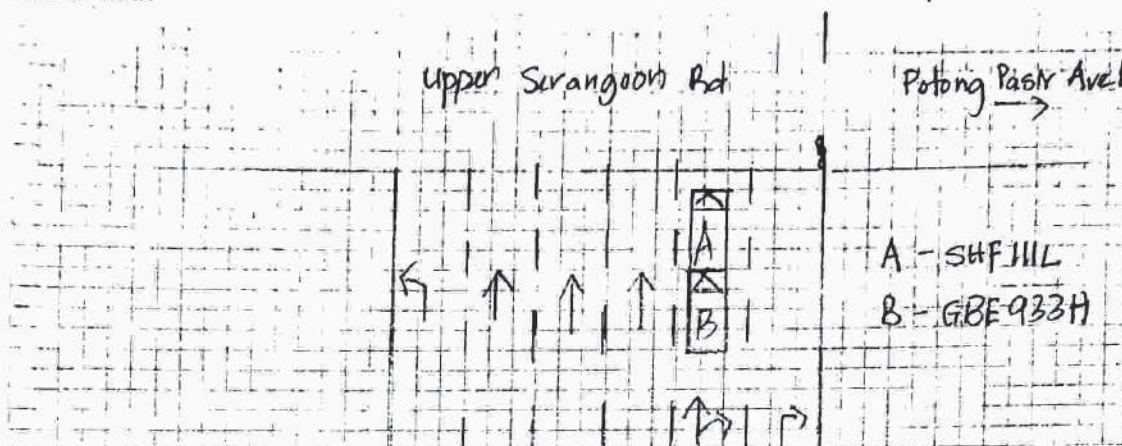
Address

Postcode



### Sketch Plan Pg. 1

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. On the left side, there is a vertical margin line, creating a narrow left margin. The paper appears to be from a notebook or a standard ruled sheet of paper. There is no handwriting or other markings on the page.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature \_\_\_\_\_

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.

## Sketch Plan Pg. 2

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20200911/2043

1 of 3

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

Report No. T/20200911/2043

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/09/2020 13:08	Vide Report No.:	Station Diary No.: 13
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<b>Informant's Particulars</b>			
Name of Informant: SIM KEE MENG		Address: APT BLK 515 HOUGANG AVENUE 10 #07-173 SINGAPORE 530515	
ID Type / ID No.: NRIC NO / S1043714H		Contact No.: Home/Office: Mobile: 91133533	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 72	Date of Birth: 10/04/1948	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/09/2020 07:10	Type of Location: Straight Road
Location: UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicles Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBE933H	Van				Slightly Damaged	0
SHF111L	Car				Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999



T/20200911/2043

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Report No. T/20200911/2043

**CONTINUATION OF REPORT**

Name	KOH KEOK CHYE	ID No.	S01943661
Related Vehicle	GBE933H (Van)	Contact No.	97824413
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Name	SIM KEE MENG	ID No.	S1043714H
Related Vehicle	SHF111L (Car)	Contact No.	91133533
Hospital/Clinic	CHEN FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/09/2020	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Serious

**Brief Details.**

On 11/09/2020 at about 07:10am, I was driving my taxi bearing plate number SHF111L along Upper Serangoon Rd towards Bendemeer Rd and was going to turn right at the 2nd lane to Potong Pasir Ave 1. I had stopped my taxi as the traffic light was red. Suddenly another vehicle which was a van bearing plate number GBE933H crashed on to the rear of my taxi. I made a check on my vehicle and after which I exchanged particulars with him. The Traffic Police and Ambulance were at scene. The paramedic advised me to follow them to the hospital but I declined. I then felt pain on my back and went to the clinic for a check and was given 7 days of MC.



Signature: \_\_\_\_\_

SN 15.

Singapore Police Force





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999



T/20200911/2043

Report No. T/20200911/2043

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474985 stating the report number as reference.

Signature Of Officer Recording The Report:  
F/  
Sr Staff Sgt KHAIRUDDIN BIN MOHD SAMSURI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI VILTON HIA WEE SIANG  
Contact No.: 65476178

Authentication Stamp  
NP168



Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:  
11/09/2020 13:08

Classification Of Case:

SN 151